

TO THE APPLICANT:

It is the policy of Mt. Pleasant to extend its employment opportunities to qualified persons on a non-discriminatory basis. Selection shall be made without regard to an individual's age, race, color, sex, national origin, religion, marital status, sexual orientation, or handicap. Only necessary qualifications for the job being filled will be considered in the selection process.

**VILLAGE OF MOUNT PLEASANT
8811 CAMPUS DRIVE
RACINE, WI 53406**

DATE: _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

TELEPHONE NUMBER _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

IN CASE OF EMERGENCY
PLEASE NOTIFY _____
NAME ADDRESS PHONE NO.

EMPLOYMENT DESIRED

POSITION _____ FULL TIME _____ PART TIME _____

DATE AVAILABLE _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE VILLAGE OF MT. PLEASANT? _____ YES _____ NO

IF YES, WHEN? _____

EDUCATION/EXPERIENCE

SCHOOL LEVEL	NAME AND ADDRESSES OF SCHOOLS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE? YES/NO
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			
BUSINESS MACHINES YOU CAN OPERATE PROFICIENTLY			
TYPING SPEED			
PROFESSIONAL TRAINING			

LIST ANY OTHER EXPERIENCES; SKILLS OR QUALIFICATIONS WHICH YOU FEEL HELP QUALIFY YOU FOR EMPLOYMENT WITH THE VILLAGE OF MT. PLEASANT

INDICATE IF EMPLOYED UNDER A DIFFERENT NAME _____

FORMER EMPLOYERS (PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER, ACCOUNT FOR ALL PERIODS OF EMPLOYMENT FROM COMPLETION OR EDUCATION TO PRESENT).

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____ _____			
STARTING DATE _____ MONTH YEAR		LEAVING DATE _____ MONTH YEAR	
WEEKLY STARTING SALARY _____		WEEKLY FINAL SALARY _____	
JOB TITLE _____		NAME OF SUPERVISOR _____	
SUPERVISOR TITLE _____		PHONE NO. _____	
DESCRIPTION OF WORK _____ _____			
REASON FOR CONSIDERING CHANGE _____			

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____ _____			
STARTING DATE _____ MONTH YEAR		LEAVING DATE _____ MONTH YEAR	
WEEKLY STARTING SALARY _____		WEEKLY FINAL SALARY _____	
JOB TITLE _____		NAME OF SUPERVISOR _____	
SUPERVISOR TITLE _____		PHONE NO. _____	
DESCRIPTION OF WORK _____ _____			
REASON FOR LEAVING _____			

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____ _____			
STARTING DATE _____ MONTH YEAR		LEAVING DATE _____ MONTH YEAR	
WEEKLY STARTING SALARY _____		WEEKLY FINAL SALARY _____	
JOB TITLE _____		NAME OF SUPERVISOR _____	
SUPERVISOR TITLE _____		PHONE NO. _____	
DESCRIPTION OF WORK _____ _____			
REASON FOR LEAVING _____			

MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ YES ____ NO

ACCOUNT FOR PERIODS OF UNEMPLOYMENT OTHER THAN WHEN YOU WERE IN SCHOOL

TO ASSIST US IN PLACING YOU, LIST ALL PHYSICAL LIMITATIONS OR DISABILITIES THAT MAY AFFECT JOB PERFORMANCE

HAVE YOU EVER BEEN CONVICTED OF A FELONY BEFORE A CIVIL OR MILITARY COURT? IF YES EXPLAIN

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE YEAR OR MORE.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS CORRECT AND MAY BE INVESTIGATED.

I UNDERSTAND THAT IF IN THE JUDGMENT OF THE VILLAGE OF MOUNT PLEASANT, ANY INFORMATION HAS BEEN MISREPRESENTED, FALSIFIED OR OMITTTED, ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN OR ANY EMPLOYMENT TERMINATED WITHOUT OBLIGATION OR LIABILITY ON THE PART OF THE VILLAGE. I AUTHORIZE MOUNT PLEASANT TO ACT AS MY AGENT IN OBTAINING INFORMATION FROM ANY PERSON OR COMPANY CONCERNING MYSELF, WITHOUT LIABILITY TO SUCH PERSON OR COMPANY, OR TO MOUNT PLEASANT. I UNDERSTAND ALSO THAT MY EMPLOYMENT BY MOUNT PLEASANT IS CONDITIONAL UPON SATISFACTORY COMPLETION OF A PHYSICAL EXAMINATION.

APPLICANT'S SIGNATURE _____ DATE _____

(An at will employee)